

# MEDICATION FINAL DISPOSITION FORM

Department of Health & Mental Hygiene (DHMH)  
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I. FINAL MEDICATION DISPOSITION OF MEDICATION	
Child's Name:	Date of Birth:
Medication Name:	Final Disposition: <input type="checkbox"/> Returned <i>(Complete Section A)</i> <input type="checkbox"/> Destroyed <i>(Complete Section B)</i>
<b>Section A</b>	
MEDICATION RETURNED TO:	DATE
MEDICATION RETURNED BY (PERSON'S SIGNATURE)	DATE
<b>Section B</b>	
The above indicated medication was not retrieved by the parent/guardian within 1 week of the camper leaving camp; therefore, it has been destroyed according to COMAR 10.16.06.33.	
SIGNATURE OF PERSON RESPONSIBLE FOR DESTROYING MEDICATION	DATE
SIGNATURE OF PERSON WITNESSING THE DESTRUCTION OF THE MEDICATION	DATE